

Application Serial No.   
Student Unique ID No.   
Account ID No.   
Received By

**For Office Use Only**

Signature with Date



**CENTRAL UNIVERSITY  
OF SCIENCE & TECHNOLOGY**

Plot: 1/9, Road: 2, Block: D, Section: 15, Mirpur, Dhaka-1216, Bangladesh  
www.cust.edu.bd

Photograph

**Application Form for Admission**

**INSTRUCTIONS:**

Please return this form and attachments to the admission office.

Please use Block /Capital Letters, indicate with "N/A" where question are not applicable and tick box's  where appropriates

|  |                          |        |                          |      |               |  |  |  |  |                      |                      |                      |                      |
|--|--------------------------|--------|--------------------------|------|---------------|--|--|--|--|----------------------|----------------------|----------------------|----------------------|
| Program Applied For<br>(With Specialization) | <input type="text"/>     |        |                          |      |               |  |  |  |  |                      |                      |                      |                      |
| Department                                   | <input type="text"/>     |        |                          |      |               |  |  |  |  |                      |                      |                      |                      |
| School                                       | <input type="text"/>     |        |                          |      |               |  |  |  |  |                      |                      |                      |                      |
| Semester                                     | <input type="checkbox"/> | Spring | <input type="checkbox"/> | Fall | Academic Year |  |  |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Personal Details**

Full Name

In English  
(BLOCK LETTER)

বাংলায়

Date of Birth

Day

Month

Year

Sex

Male

Female

Religion

Blood Group

Native Language

Nationality

National Identity Card No  
(if applicable)

Present Address

E-mail

Mobile-1

Telephone

Mobile-2

Permanent Address

Mother

Occupation

Mobile

Father

Occupation

Mobile

Local Guardian / Emergency Contact Person

Name

Address  Contact Number

Occupation  Relation

Academic Qualifications

| Examination/<br>Degree | Institution | Board/<br>University | Group/<br>Discipline | Year of<br>Passing | GPA/CGPA/<br>Division |
|------------------------|-------------|----------------------|----------------------|--------------------|-----------------------|
| SSC/Equivalent         |             |                      |                      |                    |                       |
| HSC/Equivalent         |             |                      |                      |                    |                       |
| Diploma (4 years)      |             |                      |                      |                    |                       |
| Bachelor               |             |                      |                      |                    |                       |
| Others                 |             |                      |                      |                    |                       |

Medical C

(Give tick ✓ mark if where applicable)

Abled  Specially Abled  Disabled

How did you come to know about CUST? (Use tick mark)

| Family<br>Members | Newspaper/Radio/TV<br>(Specify the name) | Teacher/Staff | Friend/Colleague | Website/Internet | Other<br>(Specify) |
|-------------------|--|---------------|------------------|------------------|--------------------|
|                   |  |               |                  |                  |                    |

Are you employed?  Yes  No If Yes, Specify:.....

English Efficiency

IELTS Score.....  Excellent  Good  Average  Below Average

Have you ever been dismissed, suspended or expelled from any institute of learning?  Yes  No

Have you ever been criminally convicted?  Yes  No If Yes, Specify:.....

Financial information (necessary at the time of admission) **To be filled by the Admission Office**

Total Program Fee:..... Waiver (If any).....

Total Fee after Waiver/Scholarship:.....

Mode of Payment ..... Monthly Payment .....

Admission Fee: ..... Admission Fee Paid .....

Financial Guarantor's Information (Who will pay your tuition fees?)

Self  Father  Mother Other (Specify)

Sponsor's information

Name  Phone No.

Address

Reference

Please mention a name of referee who is able to provide information of academic achievement

Name  Phone

Designation  Email

Verified Documents (to be submitted at the time of admission) checklist

- Photocopy of all Academic Transcripts
- Nationality Certificate/Birth Certificate/National ID Card
- Applicants in Freedom Fighter category are requested to submit attested photocopy of
  - (i) "Provisional Certificate" from Ministry of Liberation war affairs
  - (ii) Mukti Barta/Indian List/PM signed Certificate (iii) Gazette
  - (iv) "National ID" of the freedom fighter & Birth Certificate/Death Certificate of the Freedom Fighter
  - (v) Attested Internet Information of FF
- Job Experience Certificate (if applicable)
- 4 Copies Colored Passport Size Photograph signed by the Applicant
- Photocopy of Payment Slip

Original Papers: All original transcripts must be submitted at the time of admission

Student Agreement (if admitted I agree)

- Not to seek an unfair advantage over other students, including but not limited to giving or receiving unauthorized aid during completion of academic requirements.
- I shall not adopt or encourage any unfair means in fulfilling any part of my academic requirements.
- To truthfully represent fact and self at all times.
- To respect the property and personal rights of all members of the CUST community.

I certify that all statements here and in the application for admission to CUST are correct. I agree that all documents submitted in support of the application becomes the property of Central University of Science & Technology (CUST). I authorize the University to release information from my application and supporting documents to authorities and organizations providing financial assistance/fellowship to permit me being considered for such support.

Date: .....

-----  
*Applicant's Signature*

Certificate by Father/Guardian/Sponsor (as the case may be)

I hereby certify that all the information furnished in this application form is complete and true. I understand that if at any time the information or part thereof stated in the declaration is found to be otherwise, the CUST has the right to disqualify this application or cancel his /her admission. I also hereby declare that I take the responsibility to bear the expenses of his /her studies at CUST.

Date: .....

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*Signature of Father/Guardian/Sponsor*

| <i>For Office Use Only</i>  |  |   |  |
|---|--|---|--|
| <p><i>Academic Affairs Division</i></p> <p><input type="checkbox"/> Complete    <input type="checkbox"/> Incomplete</p> <p><i>Remarks (if any)</i></p> <p>-----<br/><i>Signature of the Admission Officer</i></p> |  | <p><i>Final Approval</i></p> <p><input type="checkbox"/> Accepted    <input type="checkbox"/> Accepted Conditionally</p> <p><input type="checkbox"/> Rejected    <i>Remarks (if any)</i></p> <p>-----<br/><i>Signature of the Registrar</i></p> |  |